



PTO/SB/82 (09-04)

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Application Number	10/659,548
Filing Date	09/10/2003
First Named Inventor	Coleman, Marian
Art Unit	
Examiner Name	
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 30184☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:30184**OR**

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**I am the:**☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Marian H Coleman		
Name	Marian Coleman		
Date	11/22/04	Telephone	781-585-6282

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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